

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

In re

NATIONAL FISH & SEAFOOD, INC.¹

Debtor.

Chapter 7

Case No. _____

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY,
AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtor (the “Debtor”), with the assistance of counsel, has prepared its respective schedules of assets and liabilities (the “Schedules”) and statement of financial affairs (the “SOFA”) pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”). These Global Notes and Statement of Limitations, Methodology, and Disclaimers Regarding the Debtor’s Schedules and SOFA (the “Global Notes”) are incorporated by reference in, and comprise an integral part of, the Schedules and SOFA, and should be referred to and reviewed in connection with any review of the Schedules and SOFA.²

The Schedules and SOFA are unaudited. While the Debtor’s management has made reasonable efforts to ensure that the Schedules and SOFA are accurate and complete based on information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to the Schedules and SOFA, and inadvertent errors or omissions may exist in the Schedules and SOFA. Moreover, because the Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment, there can be no assurance that the Schedules and SOFA are wholly accurate and complete.

Global Notes for the Schedules and SOFA

1. **Basis of Presentation.** The Schedules and SOFA reflect the assets and liabilities of the Debtor based on its unaudited accounting records. The aggregate asset values and claim amounts set forth in the Schedules and SOFA do not purport to represent financial statements prepared in accordance with the Generally Accepted Accounting Principles (“GAAP”), nor are they intended to reconcile to any financial statements prepared by the Debtor.

¹ The Debtor in this chapter 7 case is National Fish and Seafood, Inc. (tax ID 04-2681848). The Debtor’s service address is 11-15 Parker Street, Gloucester, Massachusetts 01930.

² These Global Notes are in addition to any specific notes contained in the Schedules and SOFA.

2. **Article 9 Sale of Substantially All Assets.** On May 22, 2019, pursuant to a Secured Party Bill of Sale, Assignment and Assumption Agreement, and Trademark Assignment by and between Coöperative Rabobank U.A. (formerly known as Coöperative Centrale Raiffesien Boerenlennbank B.A.), Hong Kong Bank (“Assignor” or “Rabobank”) as secured party seller of certain collateral of the Debtor and NSD Seafood Inc., a Massachusetts corporation having an address at 159 East Main Street, Gloucester, MA 01930 (“Buyer”), substantially all of the Debtor’s inventory, equipment, intellectual property, office furniture and electronics, accounts receivable, and leasehold interest in 159 East Main Street, Gloucester, were transferred to Buyer, in exchange for Buyer’s cash payment of \$3,000,000, less adjustments agreed to at the closing, to Assignor (the “Article 9 Sale”). Items excluded from the Article 9 Sale included personal property leased from third parties or subject to a purchase money security interest, cash, insurance policies, claims for tax refunds, and commercial tort claims. The Article 9 Sale was conducted pursuant to Section 9-610 of the Uniform Commercial Code in effect in the Commonwealth of Massachusetts. Reflective of the Article 9 Sale, the Debtor has listed its few remaining assets on Schedule A/B and has appended copies of the Article 9 Sale documents and itemized schedules of the property sold to the Buyer in response to Question 5 on the SOFA.

3. **National Fish and Seafood LTD.** In the late 1990s, Pacific Andes International Holdings (Bermuda) (“PAIH”) obtained a controlling 60% stake in the Debtor through a wholly-owned subsidiary, Peaksville Limited (UK). Shortly thereafter, the Debtor entered into a banking relationship with Rabobank. Rabobank provided one or more deposit accounts and borrowing facilities to the Debtor from its Hong Kong Branch (the “Rabobank Facility”). In connection with the Rabobank Facility, National Fish and Seafood Limited (“NFS LTD”), a business entity organized under the laws of Hong Kong, was established as the borrower under the Rabobank Facility. NFS LTD is a subsidiary of the Debtor.³ NFS LTD is the nominal owner of the Rabobank accounts disclosed on Schedule A/B.

The Rabobank Facility provided liquidity to the Debtor. Rabobank would advance funds to an NFS LTD account on a weekly basis against accounts receivable that the Debtor generated by sales of its seafood products. At the request of the Debtor, funds would be transferred from the NFS LTD account to operating accounts maintained by the Debtor in the United States. Collections from accounts receivable generated by the Debtor were deposited into a lockbox account in the United States and periodically “swept” by Rabobank into an NFS LTD account at Rabobank in Hong Kong. In connection with these practices, NFS LTD was sometimes listed as the customer on purchase orders for inventory issued by the Debtor and as the payee on invoices generated by the Debtor for its seafood products. Notwithstanding these references to NFS LTD, to the Debtor’s knowledge, NFS LTD has never had employees, has conducted no business, and its accounts were consolidated with the Debtor’s books and records. The Debtor has taken the position that all the cash in Rabobank accounts, and all assets, are property of the Debtor and has disclosed them accordingly in the Schedules and SOFA.

³ NFS LTD’s most recent Annual Return filed in Hong Kong discloses that one share of the company is held by the Debtor and one share is held by Pacific Andes International Holdings (BVI) Limited (“PAIH BVI”). The Debtor understands that PAIH BVI may hold this share in trust for the Debtor in accordance with Hong Kong corporate law, but the Debtor has been unable to identify trust documents reflecting this relationship.

4. **The Pacific Andes Claims.** On June 30, 2016, PAIH and several of its affiliates filed petitions for relief under chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the Southern District of New York. On January 17, 2019, the Debtor filed two proofs of claim against PAIH and a co-debtor for not less than \$30,812,495.76 (the “Pacific Andes Claims”). Presently, the Pacific Andes Claims are the subject of a motion to allow late-filed claims pending in the bankruptcy case. *See* Case No. 16-11895; Docket No. 1439. On May 23, 2019, the Debtor assigned the Pacific Andes Claims to Rabobank in exchange for a \$7.5 million reduction of the Rabobank debt. This transaction is disclosed in the supplement to Question 5 of the SOFA.

5. **Assumptions and Reservation of Rights.** The preparation of the Schedules and SOFA required the Debtor to make assumptions that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities on the date of the Schedules and SOFA, and the reported amounts of revenues and expenses during the reporting period. The claims of individual creditors are listed by the amounts entered on the Debtor’s books and records and may not reflect credits or allowances due from such creditors to the Debtor.

6. **Contracts and Leases.** Although the Debtor’s management relied upon existing books, records, and financial systems to identify and schedule executory contracts and unexpired leases and diligent efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions, or over-inclusion may have occurred.

7. **Current Market Value of Assets/Unknown Liability Amounts.** Where available, the Debtor has used the fair market value for its assets. Some of the scheduled liabilities are unknown and unliquidated at this time. In such, cases the amounts are listed as “Unknown.” Accordingly, the Schedules and SOFA may not accurately reflect the aggregate amount of the Debtor’s liabilities.

8. **Contingent Assets.** As discussed further below, the Debtor believes it possesses certain contingent claims, causes of action, or avoidance actions against various third parties. Despite reasonable efforts, the Debtor may not have set forth all of its causes of action against third parties as assets in the Schedules and SOFA.

9. **Insiders.** In the circumstances where the Schedules or SOFA require information regarding insiders and/or officers and directors, included therein are the Debtor’s (a) directors (or persons in similar positions) and (b) employees that are, or were during the relevant period, officers (or persons in control).

10. **Pre-Petition Payments.** In response to Part 2, Questions 3 and 4 on the SOFA, the Debtor has provided detailed information on payments that it made to creditors within 90 days prior to May 15, 2019 and to insiders within 1 year of May 13, 2019. The Debtor has made additional payments to certain insiders and possibly some creditors between the dates reported in the SOFA and May 29, 2019, which payments are reflected in the Debtor’s bank records.

11. **WARN Payments.** On May 10, 2019, the Debtor ceased operations and terminated the majority of its employees. The Debtor retained several employees through May

23-24, 2019, which employees were terminated once the Article 9 Sale closed. In connection with these layoffs, the Debtor paid these former employees wages and compensation in compliance with applicable law, including the Worker Adjustment and Retraining Notification Act (“WARN”). The Debtor has not listed these WARN payments in response to Question 3 of the SOFA.

12. **Disclosure of Financial Statements.** In response to Part 13, Question 26d on the SOFA, the Debtor has reported issuing financial statements to Pacific Andes and Rabobank within two years of the petition date. The Debtor also made financial statements and other information available to potential buyers in connection with an investment banking process to sell its business as a going concern.

* * *

* * * END OF GLOBAL NOTES * * *

* * * SCHEDULES AND SOFA BEGIN ON THE FOLLOWING PAGE * * *

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

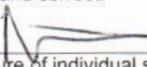
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 29, 2019


Signature of individual signing on behalf of debtor

Brian Mittman
Printed name

Co-Chief Restructuring Officer
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ 2,667,057.92

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ 2,667,057.92

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 64,128,841.20

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 7,363,885.29

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 8,988,149.11

4. Total liabilities

Lines 2 + 3a + 3b

\$ 80,480,875.60

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

\$0.00

2. Cash on hand

3.	Checking, savings, money market, or financial brokerage accounts (Identify all)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	Royal Bank of Canada	Lock Box Collection Account	0592	\$9,831.51
3.2.	Santander Bank N.A.	Checking Account (Payroll)	6029	\$15,683.22
3.3.	Santander Bank N.A.	Operating Account	6061	\$27,926.33
3.4.	Santander Bank N.A.	Lock Box Collection Account	6206	\$0.00
3.5.	Santander Bank N.A.	Money Market Escrow Account for USDC Bond	1382	\$10,031.00
3.6.	Santander Bank N.A.	Checking Account	0611	\$0.00

Debtor National Fish and Seafood Inc. Case number (*If known*) _____
Name _____

		Lock Box Collection	
3.7.	<u>Santander Bank N.A.</u>	Account for Gloucester Cold Storage	<u>7974</u> <u>\$0.00</u>
3.8.	<u>Standard Charter</u>	<u>3806</u>	<u>\$0.00</u>
3.9.	<u>Standard Charter</u>	<u>1119</u>	<u>\$0.00</u>
3.10	<u>Cooperative Rabobank A.U.</u>	Hong Kong Currency Account	<u>0001</u> <u>\$0.00</u>
3.11	<u>Cooperative Rabobank A.U.</u>	<u>0101</u>	<u>\$5,100.00</u>
3.12	<u>Cooperative Rabobank A.U.</u>	Primary Collections Account	<u>0111</u> <u>\$18,267.09</u>
3.13	<u>Cooperative Rabobank A.U.</u>	Transfer Account	<u>0112</u> <u>\$4,244.54</u>
3.14	<u>Cooperative Rabobank A.U.</u>	Letter of Credit Account	<u>0191</u> <u>\$25,210.81</u>
4.	Other cash equivalents (Identify all)		
4.1.	Several post-dated checks drawn on the Chase checking account of customer, Dagim Tahorim Co., Inc. representing payments on goods received.		<u>\$74,334.61</u>
4.2.	Checks from the State of Ohio totalling for tax refunds for the years 2017 and 2018		<u>\$2,743.98</u>

5. **Total of Part 1.** _____ **\$193,373.09** _____
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

<u>7.1. Retainer with K&L Gates LLP</u>	<u>\$6,667.45</u>
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Debtor National Fish and Seafood Inc. _____ Case number (*If known*) _____
Name _____

7.2. Retainer with Proskauer Rose LLP \$9,972.00

7.3. Bond for License as a Public Warehousemen
Paid to Hon. Deborah B. Goldberg, Treasurer and Receiver General of the
Commonwealth of Massachusetts \$10,000.00

7.4. Retainer with Getzler Henrich & Associates LLC Unknown

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent
Description, including name of holder of prepayment

8.1. Ipswich Country Club Membership \$26,500.00

8.2. Security Deposit paid to One Kondelin Road Realty Trust c/o Stavros Agganis, 394
Lincoln Avenue, Saugus, MA 01906 in connection with lease of One Kondelin Road. \$15,925.00

8.3. Prepayment of rent paid to One Kondelin Road Realty Trust c/o Stavros Agganis, 394
Lincoln Avenue, Saugus, MA 01906 in connection with lease of One Kondelin Road. \$9,545.83

8.4. Deposit paid Head of the Harbor Realty Trust \$25,074.55

8.5. Cash collateral held by Rabobank to secure letters of credit issued in favor of
Washington International Insurance Company and American Alternative Insurance
Company for surety bonds posted to secure customs duties. \$2,300,000.00

9. **Total of Part 2.** **\$2,403,684.83**
Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Debtor National Fish and Seafood Inc. _____ Case number (*If known*) _____
Name _____

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership

15.1. <u>National Fish and Seafood Limited (HK)</u>	<u>100</u>	<u>%</u>	<u>Liquidation</u>	<u>\$0.00</u>
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16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

<u>\$0.00</u>

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<u>Office furniture LED Lighting</u>	<u>Unknown</u>	<u>Cost</u>	<u>\$70,000.00</u>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

<u>\$70,000.00</u>

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No

Debtor National Fish and Seafood Inc. Case number (*If known*) _____
Name _____

Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <u>See attached supplement</u>	<u>Unknown</u>	<u>Unknown</u>
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48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

<u>See attached supplement</u>	<u>Unknown</u>	<u>Unknown</u>
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No

Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No

Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. **11-15 Parker Street,
Gloucester, MA
01930**

<u>Lease</u>	<u>Unknown</u>	<u>Unknown</u>
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Debtor National Fish and Seafood Inc. _____ Case number (*If known*) _____
Name _____

55.2. 1 Kondelin Road,
Gloucester, MA 01930 _____ Lease _____ Unknown _____ Unknown _____

56. **Total of Part 9.** _____ **\$0.00** _____
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
 Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

See attached summary of insurance policies

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
Claims against former directors and officers, including but not limited to claims against Jack Ventola, Michael Bruno, and Richard Pandolfo.

Unknown

Nature of claim Breach of fiduciary duties,
fraud, conversion of property

Amount requested _____ **\$0.00** _____

76. **Trusts, equitable or future interests in property**

Debtor National Fish and Seafood Inc. _____ Case number (*If known*) _____
Name _____

77. **Other property of any kind not already listed** *Examples:* Season tickets,
country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No
 Yes

Debtor National Fish and Seafood Inc. _____ Case number (*If known*) _____
Name _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$193,373.09</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$2,403,684.83</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$70,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,667,057.92</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,667,057.92</u>

Schedule A/B Supplement

Part 8

Question 47: Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

Leased Vehicles

Description	Lessor
Toyota RAV4	Toyota Financial Services
Toyota Tundra	Toyota Financial Services

Question 50: Other machinery, fixtures, and equipment

Leased Equipment

Description	Lessor	Serial Number	Model
Yale Forklift	Wells Fargo Bank, N.A.	C815N06789D	2006 NR040
Yale Forklift	Wells Fargo Bank, N.A.	B890N01912E	2007 MPE080
Yale Forklift	Wells Fargo Bank, N.A.	R883N02276K	2011 ESC30
Yale Forklift	Wells Fargo Bank, N.A.	B883N02097J	2012 ESC30
Crown Forklift	Wells Fargo Bank, N.A.	1A373537	RR5725-35
Crown Forklift	Wells Fargo Bank, N.A.	1A428244	RR5725-45
Crown Forklift	Wells Fargo Bank, N.A.	1A428243	RR5725-45
Raymond Reach Forklift	Raymond Leasing Corporation	EZ-10-DD50395	R30TT 36V
Raymond Reach Forklift	Raymond Leasing Corporation	EZ-10-DD50396	R30TT 36V
Raymond Reach Forklift	Raymond Leasing Corporation	EZ-12-DF51705	R40TT 36V
Enersys Battery	Raymond Leasing Corporation	RLC772870	18-125-13
Enersys Battery	Raymond Leasing Corporation	RLC772848	18-125-13

Description	Lessor	Serial Number	Model
Enersys Battery	Raymond Leasing Corporation	MLH1138820	18-125-13
Enersys Charger	Raymond Leasing Corporation	HPI975357	36 V/3 Phase
Enersys Charger	Raymond Leasing Corporation	HPI975282	36 V/3 Phase
Enersys Charger	Raymond Leasing Corporation	FPI195048	36 V/3 Phase

Schedule A/B Supplement**Part 8****Question 73: Interests in insurance policies or annuities**

Coverage	Agent	Insurer	Policy No.	Period
Directors and Officers Liability; Employment Practices Liability; Fiduciary Liability; Commercial Crime	USI Insurance Norwalk	Admiral Insurance Company	DCP1706575P1	11/18/18-11/18/19
Directors and Officers Liability Excess Policy	USI Insurance Norwalk	XL Specialty	ELU15884118	11/18/18-11/18/19
Directors and Officers Liability Excess Policy – Side A	USI Insurance Norwalk	Evanston	MKLV4MXM000003	11/18/18-11/18/19
Directors and Officers Liability Tail Policy	USI Insurance Services LLC	RSUI Indemnity Company	NHS674201	11/18/18 - 11/18/21
Directors and Officers Liability Tail Policy	USI Insurance Services LLC	Hiscox Insurance Company Inc.	UVA180916017	11/18/18 - 11/18/21
Directors and Officers Liability Tail Policy	USI Insurance Services LLC	Allied World National Assurance Company	03103714	11/18/18 - 11/18/21
Commercial Umbrella	USI Insurance Services	Hanover	UHE 8967916	1/1/19 - 1/1/20
Commercial Package	USI Insurance Services	Hanover	ZDE 8987380	1/1/19 - 1/1/20
Cargo	USI Insurance Services	Lloyd's of London	MA183078	2/1/19 - 2/1/20

Coverage	Agent	Insurer	Policy No.	Period
Product Liability	USI Insurance Services	Allied World Surplus	03101706	6/1/18 -6/1/19
Commercial Auto	USI Insurance Services	Selective Insurance Co. of SC	A9105146	4/20/19 - 4/20/20
Liability	USI Insurance Services	Travelers	0105808623	5/5/18-7/5/18 (not renewed)
ERISA Crime	USI Insurance Norwalk	Travelers	SAAE3936790000	11/18/2018-11/18/19

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Creditor's Name	Describe debtor's property that is subject to a lien	Column A Amount of claim	Column B Value of collateral that supports this claim
2.1 Ascentium Capital LLC 23970 HWY 59 N Kingwood, TX 77339 Creditor's mailing address	LED lighting financed under Agreement No. 2287245 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40,671.00	\$0.00
2.2 Ascentium Capital LLC 23970 HWY 59 N Kingwood, TX 77339 Creditor's mailing address	LED Lighting Describe the lien Purchase Money Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$40,671.00	\$70,000.00

Debtor National Fish and Seafood Inc.

Case number (if known) _____

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

- Contingent
 Unliquidated
 Disputed

2.3 Cooperative Rabobank U.A., Hong Kong

Creditor's Name

**245 Park Avenue
New York, NY 10036**

Creditor's mailing address

**salvatore.esposito@raboba
nk.com**

Creditor's email address, if known

Date debt was incurred

November 30, 2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All assets

\$64,027,499.20

\$0.00

Describe the lien
All asset lien arising under Letter of Credit Facility

Is the creditor an insider or related party?

- No

- Yes

Is anyone else liable on this claim?

- No

- Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.4 Raymond Leasing Corporation

Creditor's Name

**22 South Canal Street
Greene, NY 13778**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

April 23, 2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

All equipment acquired by Debtor in accordance with Master Lease Schedule No. 34139

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

- No

- Yes

Is anyone else liable on this claim?

- No

- Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.5 Robert Reiser & Co., Inc.

Creditor's Name

**725 Deham Street
Canton, MA 02021**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown

Unknown

One Fabbri Model 55 PLUS Packaging Machine

Describe the lien

Purchase Money Security

Debtor National Fish and Seafood Inc.

Case number (if known) _____

Name _____

Creditor's email address, if known _____

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

March 6, 2015

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

2.6	Sysco Boston LLC	Describe debtor's property that is subject to a lien	\$0.00	\$0.00
-----	-------------------------	--	---------------	---------------

Creditor's Name _____

**99 Spring Street
Plympton, MA 02367**

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred

June 12, 2018

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

All assets

Describe the lien

Mortgage

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

2.7	Travelers Casualty and Surety Company	Describe debtor's property that is subject to a lien	\$10,000.00	\$10,031.00
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Creditor's Name _____

**One Tower Square
Hartford, CT 06183**

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred

05/01/19

Last 4 digits of account number

6431

Do multiple creditors have an interest in the same property?

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$10,000.00

\$10,031.00

Santander Bank N.A. - Money Market Escrow Account for USDC Bond - Acct# 1382

Describe the lien

Cash collateral to secure bond in favor of National Oceanic & Atmospheric Adm.

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

Debtor National Fish and Seafood Inc.
Name _____

Case number (if known) _____

2.8	Travelers Casualty and Surety Company Creditor's Name	Describe debtor's property that is subject to a lien Cash collateral to secure bond issued by Travelers in favor of the National Oceanic & Atmospheric Administration	\$10,000.00	\$10,000.00
<hr/>		Describe the lien Non-Purchase Money Security		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<hr/>		As of the petition filing date, the claim is:		
		Check all that apply		
		<input checked="" type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<hr/>		Describe debtor's property that is subject to a lien Four Yale forklifts S/N C815N06789D, S/N B883N02097J, S/N R883N02276K, S/N B890N01912E	\$0.00	\$0.00
<hr/>		Describe the lien Purchase Money Security		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<hr/>		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<hr/>		Describe debtor's property that is subject to a lien Three Crown Reach Trucks SN 1A373537, 1A428244, and 1A428243	\$0.00	\$0.00
<hr/>		Describe the lien Purchase Money Security		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		

Debtor **National Fish and Seafood Inc.**
Name _____

Case number (if known) _____

March 2, 2018

Last 4 digits of account number

7453

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

- Contingent
- Unliquidated
- Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$64,128,841.

20

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Cooperative Rabobank U.A.
Attn: Janet Ong
32/F Three Pacific Place
1 Queen's Road East
Hong Kong

Line 2.3

CT Corporation, as representative
330 N. Brand Blvd.
Suite 700, Attn: SPRS
Glendale, CA 91203

Line 2.1

Matthew O'Donnell
Luskin, Stern & Eisler LLP
Eleven Times Square
New York, NY 10036

Line 2.3

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address ASTRO CHEMICALS 126 MEMORIAL DRIVE Springfield, MA 01102</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$2,589.60 \$863.20
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	<p>Priority creditor's name and mailing address BENS WALLPAPER & PAINT CO 6 RAILROAD AVE Gloucester, MA 01930</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$543.07 \$192.97
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc.	Case number (if known)
2.3	Priority creditor's name and mailing address CAPE POND ICE CO., INC P.O. BOX 440 Gloucester, MA 01930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4	Priority creditor's name and mailing address CATANIA SPAGNA PO BOX J 1 NEMCO WAY Ayer, MA 01432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.5	Priority creditor's name and mailing address CHANNEL FISH PROCESSING INC. P.O. BOX 847109 Boston, MA 02284-7109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.6	Priority creditor's name and mailing address CINTAS #016 P.O. BOX 630803 LOCATION 016 Cincinnati, OH 45263-0803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)		
2.7	Priority creditor's name and mailing address CINTAS FIRST AID & SAFETY LOCATION # 779 P.O. BOX 636525 Cincinnati, OH 45263-6525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	\$5,652.54	\$210.38
2.8	Priority creditor's name and mailing address EBP SUPPLY SOLUTIONS INC. 200 RESEARCH DRIVE Milford, CT 06460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	\$28,993.30	\$15,814.76
2.9	Priority creditor's name and mailing address ESSEX FOOD INGREDIENTS PO BOX 824208 Philadelphia, PA 19182-4208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	\$104,262.40	\$23,778.08
2.10	Priority creditor's name and mailing address FASTENAL COMPANY PO Box 1286 Winona, MN 55987-1286	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	\$28,345.72	\$3,235.12

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
2.11	Priority creditor's name and mailing address FOLENE PACKAGING LLC PO BOX 300965 MIDWOOD, NY 11230	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.12	Priority creditor's name and mailing address GOAL LINE FOODS, LLC 203 JACKSON STREET #204 Anoka, MN 55303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.13	Priority creditor's name and mailing address GORTON'S OF GLOUCESTER 128 ROGERS ST Glocester, MA 01930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.14	Priority creditor's name and mailing address GREENWAY MARKETING & PACKAGING P.O. BOX 700 Sunapee, NH 03782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)
2.15	Priority creditor's name and mailing address HUB FOLDING BOX CO INC. 774 NORFOLK STREET Mansfield, MA 02048	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.16	Priority creditor's name and mailing address INDUSTRIAL TIRE SALES, INC 7 GRANT AVE Burlington, MA 01803-2192	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.17	Priority creditor's name and mailing address INNOVATIVE PLASTICS CORP. 400 ROUTE 303 Orangeburg, NY 10962	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.18	Priority creditor's name and mailing address JERGENS INC P.O. BOX 931344 Cleveland, OH 44193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)
2.19	Priority creditor's name and mailing address MCMASTER CARR SUPPLY COMPANY P. O. BOX 7690 Chicago, IL 60680-7690	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.20	Priority creditor's name and mailing address MOTION INDUSTRIES INC P.O. BOX 415749 Boston, MA 02241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.21	Priority creditor's name and mailing address NEOGEN CORPORATION 25153 NETWORK PLACE Chicago, IL 60673-1251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.22	Priority creditor's name and mailing address NEWLY WEDS FOODS, INC. 70-80 GROVE ST Watertown, MA 02472	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
2.23	Priority creditor's name and mailing address NORTHERN OCEAN MARINE INC 7 PARKER STREET Gloucester, MA 01930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$50,064.30 \$32,303.70
	Date or dates debt was incurred	
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.24	Priority creditor's name and mailing address OXFORD GRAPHICS PO BOX 1000 DEPT #0114 Memphis, TN 38148-0114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$38,368.92 \$2,081.84
	Date or dates debt was incurred	
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.25	Priority creditor's name and mailing address PRESSED PAPERBOARD TECH 30400 TELEGRAPH RD, SUITE 385 Franklin, MI 48025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$5,193.30 \$5,193.30
	Date or dates debt was incurred	
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.26	Priority creditor's name and mailing address PROGRESS PALLET INC. 98 WEST GROVE STREET Middleboro, MA 02346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$15,650.90 \$3,164.50
	Date or dates debt was incurred	
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
2.27	Priority creditor's name and mailing address RIQUE FOOD SYSTEMS, INC 11002 DECIMAL DR P.O. BOX 99594 Louisville, KY 40269-0594	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$4,896.52 \$658.74
Date or dates debt was incurred		
Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)		
2.28	Priority creditor's name and mailing address RISO PRODUCTS OF BOSTON P.O. BOX 843001 Boston, MA 02284-3001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$3,377.30 \$1,950.00
Date or dates debt was incurred		
Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)		
2.29	Priority creditor's name and mailing address ROSE'S OIL SERVICE INC 375 MAIN ST P.O. BOX 1346 Gloucester, MA 01930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$481.65 \$238.96
Date or dates debt was incurred		
Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)		
2.30	Priority creditor's name and mailing address SEABOARD FOLDING BOX CO INC PO BOX 650 Westminster, MA 01473	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/>
		\$18,762.35 \$7,601.13
Date or dates debt was incurred		
Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)		

Debtor	National Fish and Seafood Inc.	Case number (if known)
	Name	
2.31	Priority creditor's name and mailing address SMITH HARDWARE & LUMBER HOMETOWN ACE HARDWARE P.O. BOX 119 Rockport, MA 01966	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.32	Priority creditor's name and mailing address SPX FLOW TECHNOLOGY P.O. BOX 277886 Atlanta, GA 30384-7886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.33	Priority creditor's name and mailing address STANDARD ELECTRIC SUPPLY CO P.O. BOX 788666 Philadelphia, PA 19178-8500	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.34	Priority creditor's name and mailing address U.S. CUSTOMS AND BORDER PROTECTION P.O. BOX 979126 Saint Louis, MO 63197-9000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	Is the claim subject to offset?
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name	Case number (if known)		
2.35	Priority creditor's name and mailing address UNICORR / CONNECTICUT CONTAIN 4282 PAYSPHERE CIRCLE Chicago, IL 60674 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187,668.77	\$41,407.16
2.36	Priority creditor's name and mailing address VERITIV OPERATING CO. DBA UNISOURCE 7472 COLLECTIONS CENTER DRIVE Chicago, IL 60693 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,235.20	\$2,235.20
2.37	Priority creditor's name and mailing address VERITIV OPERATING CO. DBA XPEDX PO BOX 644520 Pittsburgh, PA 15264-4520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,893.55	\$3,554.60
2.38	Priority creditor's name and mailing address WIRE BELT CO. OF AMERICA P.O. BOX 845214 Boston, MA 02284-5214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,154.77	\$1,391.13

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.1	Nonpriority creditor's name and mailing address A & V TEMPS, INC. 210 BROADWAY Chelsea, MA 02150	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$98,164.90
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address A-C MOTOR EXPRESS, LLC 339-C BLISS STREET West Springfield, MA 01089	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,063.05
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address A.B.J. EQUIPFIX, LLC 202 W. LUCAS ST Castalia, OH 44824	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,553.22
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address ABEL WOMACK, INC ONE INTERNATIONAL WAY Lawrence, MA 01843	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,954.87
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address ACA FREIGHT FORWARDING INC. 324 BRYANT AVE Bronx, NY 10474-7113	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$147.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address ACOSTA SALES & MARKETING PO BOX 281996 Atlanta, GA 30384-1996	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,225.05
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address ADVANTAGE SALES & MARKETING DBA BEM SALES & MARKETING PO BOX 744443 Atlanta, GA 30374-4443	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,021.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name _____		Case number (if known) _____
3.8	Nonpriority creditor's name and mailing address AGRESOURCE 110 BOXFORD ROAD Rowley, MA 01969	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,154.60
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address ALL AMERICAN POLY P.O. BOX 10148 New Brunswick, NJ 08906	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,179.55
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address ALPHA CHEMICAL SERVICES INC P.O. BOX 431 Stoughton, MA 02072	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,575.48
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address AMERICA'S LOGISTICS LLC 39170 TREASURY CENTER Chicago, IL 60694-9100	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,714.29
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address AMERICAN EXPRESS P.O. BOX 1270 Newark, NJ 07101-1270	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address AMERICAN INSULATED PANEL COMPANY, INC. 75 JOHN HANCOCK ROAD Taunton, MA 02780	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,148.14
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address AMERICAN LAZER SERVICES INC P.O. BOX 376 Beverly, MA 01915	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,821.30
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.15	Nonpriority creditor's name and mailing address AMERICAN PATRIOT SALES 60 CENTRAL STREET Norwood, MA 02062	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address AMERICAN REFRIGERATION 149 RIVER STREET SUITE 3 Andover, MA 01810	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address AMERICOLD LOGISTICS, INC. P.O. BOX 505339 Saint Louis, MO 63150-5339	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address ANALYTICAL TESTING LAB INC 345 TRAPELO ROAD Belmont, MA 02478	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address ANKURA CONSULTING GROUP, LLC PO BOX 74007043 Chicago, IL 60674-7043	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address APL ATTN: FREIGHT CASHIER 116 INVERNESS DR EAST, SUITE 4 Englewood, CO 80112	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address AQUA ROYALE FOODS, INC 197 W. SPRING VALLEY AVE Maywood, NJ 07607	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.22	Nonpriority creditor's name and mailing address ARCTIC FRESH SEAFOOD LLC 10 UNION WHARF Fairhaven, MA 02719	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address ARROW PAPER CORP 228 ANDOVER ST Wilmington, MA 01887	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address BATSON & ASSOCIATES, LLC THE CARLIN GROUP 4845 CORPORATE EXCH BLVD SE Grand Rapids, MI 49512	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address BATTERY SHOP OF N. E. INC 40 SILVA LANE Dracut, MA 01826	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address BIOMARINE INC 16 EAST MAIN STREET Gloucester, MA 01931-1153	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address BOYER'S FOOD MARKETS, INC. 1165 CENTRE TURNPIKE-POB 249 Orwigsburg, PA 17961-0249	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address BUCKEYE BUSINESS PRODUCTS P.O. BOX 392340 Cleveland, OH 44193	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.29	Nonpriority creditor's name and mailing address BUTLER-DEARDEN PAPER SERVICE 80 SHREWSBURY STREET Boylston, MA 01505-1669 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$4,296.00
3.30	Nonpriority creditor's name and mailing address CAPE ANN CHAMBER OF COMMERCE 33 COMMERCIAL STREET Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$510.00
3.31	Nonpriority creditor's name and mailing address CAPE ANN LIFT TRUCKS, INC 48 HARRISON AVE Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$2,536.00
3.32	Nonpriority creditor's name and mailing address CARUS CORPORATION 15111 COLLECTIONS CENTER DR Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$4,071.53
3.33	Nonpriority creditor's name and mailing address CASCADE WATER SERVICES, INC 113 BLOOMINGDALE ROAD Hicksville, NY 11801 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$2,656.26
3.34	Nonpriority creditor's name and mailing address CENSEA, INC 400 SKOKIE BLVD SUITE 110 Northbrook, IL 60062 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$48,360.00
3.35	Nonpriority creditor's name and mailing address CHARM SCIENCES, INC 659 ANDOVER STREET Lawrence, MA 01843-1032 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$1,660.00

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
3.36	Nonpriority creditor's name and mailing address CITRIX SYSTEMS INC P.O. BOX 931686 Atlanta, GA 31193-1686 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,381.25
3.37	Nonpriority creditor's name and mailing address CITY OF GLOUCESTER P.O. BOX 773 Reading, MA 01867-0405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$227,096.74
3.38	Nonpriority creditor's name and mailing address COASTAL CORPORATION LTD COASTAL ANDHRA REGION, #17, NH16 COASTAL ANDHRA REGION, MADHURAWADA VISAKHAPATNAM AP 530048, INDIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$88,900.00
3.39	Nonpriority creditor's name and mailing address COLMAR BELTING COMPANY, INC 66 Holton Street Woburn, MA 01801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$7,103.16
3.40	Nonpriority creditor's name and mailing address COMCAST PO BOX 70219 Philadelphia, PA 19176-0219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$716.70
3.41	Nonpriority creditor's name and mailing address COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH DIVISION OF FOOD AND DRUGS 305 SOUTH STREET Jamaica Plain, MA 02130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$300.00
3.42	Nonpriority creditor's name and mailing address CONSOLIDATED PACKAGING GROUP 30 BERGEN TURNPIKE Ridgefield Park, NJ 07660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,083.71

Debtor	National Fish and Seafood Inc.	Case number (if known)	
Name			
3.43	Nonpriority creditor's name and mailing address CROWN LIFT TRUCKS P.O. BOX 641173 Cincinnati, OH 45264-1173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,011.71
3.44	Nonpriority creditor's name and mailing address CRUISE MARKETING IA 5512 NE 17TH STREET Des Moines, IA 50313 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.20
3.45	Nonpriority creditor's name and mailing address CRUISE MARKETING MO 5512 NE 17TH STREET Des Moines, IA 50313 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.00
3.46	Nonpriority creditor's name and mailing address CRUISE MARKETING NE 5512 NE 17TH STREET Des Moines, IA 50313 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.47	Nonpriority creditor's name and mailing address Crustrade PTE LTD Kurt S. Olson Olson & Olson P.A. 500 Federal Street Andover, MA 01810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,419,372.00
3.48	Nonpriority creditor's name and mailing address CT CORPORATION SYSTEMS P.O. BOX 4349 Carol Stream, IL 60197-4349 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,295.00
3.49	Nonpriority creditor's name and mailing address CUSTOM SEASONINGS INC 12 HERITAGE WAY Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,690.00

Debtor	National Fish and Seafood Inc. Name _____		Case number (if known) _____
3.50	Nonpriority creditor's name and mailing address D & H MARKETING, INC. PO BOX 1229 Burgaw, NC 28425	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,132.31
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address DAILY PRINTING, INC. 25 WEST STREET Beverly, MA 01915	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,384.06
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address DAVE'S FRESH MARKETPLACE 1000 division street suite 20 East Greenwich, RI 02818	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,370.95
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address DAVID VENTOLA 1580 HILLVIEW DR Sarasota, FL 34239	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,264.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address DEE & L, LLC PO BOX 3431 Bayonne, NJ 07002	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39,216.87
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address DELTA BLUE AQUACULTURE PARTNER 1360 SOUTH REDWOOD RD SUITE 210 Salt Lake City, UT 84104	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$260.08
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address DELTA TRAK P.O. BOX 4115 Modesto, CA 95352	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$218.71
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name	Case number (if known)	
3.57	Nonpriority creditor's name and mailing address DHL EXPRESS (USA), INC 16592 COLLECTIONS CENTER DRIVE Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,308.79
3.58	Nonpriority creditor's name and mailing address DIRECT ENERGY BUSINESS P.O. BOX 32179 New York, NY 10087-2179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,555.52
3.59	Nonpriority creditor's name and mailing address E CRUZ ELECTRIC INC. 9 LIMEWOODS DR. Saugus, MA 01906 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.60	Nonpriority creditor's name and mailing address EAN SERVICES LLC SERVICING NATIONAL CAR RENTAL P.O. BOX 402383 Atlanta, GA 30384-2383 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.82
3.61	Nonpriority creditor's name and mailing address EARLS LOCK SHOP P.O. BOX 28 Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.62	Nonpriority creditor's name and mailing address ECIC Credit Insurance Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.63	Nonpriority creditor's name and mailing address EDA, INC. P.O. BOX 328 Mansfield, MA 02048 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$943,413.97

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
3.64	Nonpriority creditor's name and mailing address ELECTRIC SUPPLY CENTER 200 MIDDLESEX TURNPIKE Burlington, MA 01803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$95.84
3.65	Nonpriority creditor's name and mailing address ELM CITY CHEESE CO. INC 2240 STATE STREET Hamden, CT 06517 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$166,012.00
3.66	Nonpriority creditor's name and mailing address EMPIRE MARKETING STRATEGIES 11243 CORNELL PARK DRIVE Cincinnati, OH 45242 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,925.00
3.67	Nonpriority creditor's name and mailing address ENDICO POTATOES INC 160 NORTH MACQUESTEN PARKWAY Mount Vernon, NY 10550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$8,064.00
3.68	Nonpriority creditor's name and mailing address ENGIE RESOURCES P.O. BOX 9001025 Louisville, KY 40290-1025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$229,906.78
3.69	Nonpriority creditor's name and mailing address EQUATOR - DESIGN US, INC. CIVIC OPERA BUILDING 20 N. WACKER DRIVE STE 2200 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,825.00
3.70	Nonpriority creditor's name and mailing address ESSEX SERVICE COMPANY INC P.O. BOX 83 Essex, MA 01929 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2,235.68

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.71	Nonpriority creditor's name and mailing address EVERGREEN AQUATIC PRODUCTS SCIENCE AND TECHNOLOGY CO LTD NORTHERN RUIYUN ROAD MAZHANG ECONOMIC DEVELOPMENT ZHANJIANG CITY, GUAO, NY 11111		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$216,720.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address F. MURPHY & SONS CLEAN CO INC 23 CRANBERRY LANE Middleton, MA 01949		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$12,125.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address F. W. WEBB 160 MIDDLESEX TURNPIKE Bedford, MA 01730		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$3,144.34
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address FAVORITE BROKERS 508 NORTH AVENUE New Rochelle, NY 10801		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$1,617.80
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address FEDERAL EXPRESS CORPORATION P.O. BOX 371461 Pittsburgh, PA 15250-7461		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$2,002.91
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address FIVE STAR KOSHER LLC 1085 EAST 3RD STREET Brooklyn, NY 11230		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$6,161.41
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address FLS TRANSPORTATION SERVICES, INC 400 Ste-Croix Avenue H4N 3L4 MONTREAL, QC		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$3,000.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.78	Nonpriority creditor's name and mailing address FOX TRUCKING INC 29920 DOVER ROAD Easton, MD 21601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address FPS FOOD PROCESS SOLUTIONS COR 7431 NELSON ROAD UNIT 130 RICHMOND, BRITISH COLUMBIA VGW1G3 CANADA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address FREEZE PAK STORAGE 760B PORT CARTERET DRIVE Carteret, NJ 07008	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address FREUND'S FISH MARKET 13TH AVENUE FISH MARKET 4301 15TH AVENUE BROOKLYN, NY 11219 Brooklyn, NY 11219	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address FROMMELT DOCK & DOOR, INC 184 MAIN ST NO. READING, MA 01968	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address FSE, INC. PO BOX 95026 Chicago, IL 60694-5026	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address GEA REFRIGERATION NORTH AMERICA, INC P. O. BOX 13383 Newark, NJ 07101-3383	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.85	Nonpriority creditor's name and mailing address GENERAL ENVIRONMENTAL SERVICES 930 EASTERN AVENUE Malden, MA 02148 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$12,805.00
3.86	Nonpriority creditor's name and mailing address GLOUCESTER RENTAL CENTER INC 32 MAPLEWOOD AVE Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$518.72
3.87	Nonpriority creditor's name and mailing address GLUE-FAST EQUIPMENT CO. INC 3535 RT 66 BLDG 1 Neptune, NJ 07753 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$800.30
3.88	Nonpriority creditor's name and mailing address GOOD LUCK PRODUCT CO. LTD. 69/9 MOO 1 EKACHAR RD T THAJEAN MUANG SAMUTSAKOM 74000 THAILAND Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$1,032,599.50
3.89	Nonpriority creditor's name and mailing address GOURMET TOAST CORP 38 STEUBEN ST. Brooklyn, NY 11205 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$12,000.00
3.90	Nonpriority creditor's name and mailing address GRAPHIC PACKAGING INTL SAP LOCKBOX PO BOX 404170 Atlanta, GA 30384-4170 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$14,598.26
3.91	Nonpriority creditor's name and mailing address GRASSO FOODS, INC P.O BOX 127 Swedesboro, NJ 08085 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$28,592.00

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.92	Nonpriority creditor's name and mailing address GRUNFELD DESIDERIO LEBOWITZ SILVERMAN & KLESTADT LLP 599 LEXINGTON AVENUE, FL 36 New York, NY 10022-7648		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$15,267.19
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address H&M TRANSPORT INC P.O. BOX 418578 Boston, MA 02241-8578		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$32,316.56
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address HALLEY ELEVATOR CO. 11 TYNG STREET Newburyport, MA 01950		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$23,893.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Harris County Texas Jan 1 2019 Excise Tax		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$1,200.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address HAYSEN, INC HAYSENSANDIACRE 225 SPARTANGREEN BLVD Duncan, SC 29334		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$2,109.54
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address HIGGINS SCALE SERVICE P.O. BOX 8472 Salem, MA 01971		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$840.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICES DEPT 32-2505110779 PO BOX 78047 Phoenix, AZ 85062-8047		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____		\$20.00
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)	
Name			
3.99	Nonpriority creditor's name and mailing address HP HOOD LLC HP Hood LLC PO BOX 4060 Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.68
3.100	Nonpriority creditor's name and mailing address HUGHES SALES, INC. 9650 SANTIAGO ROAD SUITE 106 Columbia, MD 21045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,132.91
3.101	Nonpriority creditor's name and mailing address HYDRANGEA LANDSCAPING P.O. Box 3232 Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.102	Nonpriority creditor's name and mailing address IMAGE COMMUNICATIONS 128K HALL ST Concord, NH 03301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.36
3.103	Nonpriority creditor's name and mailing address INFOR (US), INC NW 7418 P.O. BOX 1450 Minneapolis, MN 55485-7418 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,228.88
3.104	Nonpriority creditor's name and mailing address INFORMATION RESOURCES, INC 4766 PAYSPHERE CIRCLE Chicago, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.105	Nonpriority creditor's name and mailing address INGERSOLL-RAND 15768 COLLECTIONS CENTER DRIVE Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,900.51

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.106	Nonpriority creditor's name and mailing address INNOVATIVE LABEL PO BOX 731 Germantown, WI 53022 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$900.00
3.107	Nonpriority creditor's name and mailing address INSTANT SIGNAL & ALARM CO., INC 303 HIGHLAND AVENUE Salem, MA 01970-1890 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$1,104.36
3.108	Nonpriority creditor's name and mailing address INTEGRITY FOOD MARKETING 487 DEVON PARK DRIVE SUITE 210 Wayne, PA 19087 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$170.05
3.109	Nonpriority creditor's name and mailing address INTERSTATE WAREHOUSING LLC DEPT 78743 P.O. BOX 78000 Detroit, MI 48278-0743 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$4,400.08
3.110	Nonpriority creditor's name and mailing address J&D TRANSPORTATION INC. P.O. BOX 313 Scituate, MA 02066 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$3,044.63
3.111	Nonpriority creditor's name and mailing address JACK VENTOLA 11-15 PARKER STREET Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$909.80
3.112	Nonpriority creditor's name and mailing address JAQUITH CARBIDE CORP 31 TURNPIKE ROAD Ipswich, MA 01938 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$8,058.00

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.113	Nonpriority creditor's name and mailing address JOHN BEAN TECHNOLOGIES CORP 7002 SOLUTIONS CENTER Chicago, IL 60677-7000	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address JONES BOYS INSULATION 110 PERIMETER ROAD Nashua, NH 03063	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address KERRY INGREDIENTS P.O. BOX 409141 Atlanta, GA 30384-9141	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address LEHIGH OUTFITTERS, LLC EAST CANAL STREET Nelsonville, OH 45764	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address LINDSKOG BALANCING 1170 MASSACHUSETTS AVE Boxborough, MA 01719	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address LIVINGSTON 150 PIERCE ROAD, SUITE 500 Itasca, IL 60143-1222	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address LOFTWARE, INC. 166 CORPORATE DRIVE Portsmouth, NH 03801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name _____		Case number (if known) _____
3.120	Nonpriority creditor's name and mailing address LOMA SYSTEMS, INC 39425 TREASURY CENTER Chicago, IL 60694-9400	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,472.50
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121	Nonpriority creditor's name and mailing address MAILFINANCE DEPT 3682 PO BOX 123682 Dallas, TX 75312-3682	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,268.67
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.122	Nonpriority creditor's name and mailing address MARINE STEWARDSHIP COUNCIL MARINE HOUSE 1 SNOW HILL LONDON, EC1A2DH UNITED KINGDOM	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,680.06
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	Nonpriority creditor's name and mailing address MARITIME PRODUCTS INT. P.O. BOX 120103 Newport News, VA 23612	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28,500.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	Nonpriority creditor's name and mailing address MARKEM-IMAJE CORPORATION P.O. BOX 3542 Boston, MA 02241	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$882.42
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	Nonpriority creditor's name and mailing address MARKHAM METALS P. O. BOX 783 Wilmington, MA 01887	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,697.27
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address MASSACHUSETTS DEPT OF REVENUE P.O. BOX 7089 Boston, MA 02241-7089	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,161.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.127	Nonpriority creditor's name and mailing address MASTER PACKAGING INC. 333 ADELARD-SAVOIE BLVD DIEPPE, NB E1A 7G9 CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,546.84
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address MCDERMOTT WILL & EMERY LLP P.O. BOX 6043 Chicago, IL 60680-6043	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25,542.70
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	Nonpriority creditor's name and mailing address MEGACORP LOGISTICS, LLC P.O. BOX 1050 Wrightsville Beach, NC 28480	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$56,965.32
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address MERRIMACK ENVIRONMENTAL LLC 61 LINCOLNSHIRE DRIVE Haverhill, MA 01835	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$420.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address METHUEN CORPORATION POLLUTION CONTROL SYSTEM MAINT 31 TOBEY AVE Methuen, MA 01844	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,278.12
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132	Nonpriority creditor's name and mailing address NATIONAL GRID P.O. BOX 11737 Newark, NJ 07101-4735	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$306,555.13
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133	Nonpriority creditor's name and mailing address NEOPOST INC. p.o. box 30193 Tampa, FL 33630-3193	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$109.04
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.134	Nonpriority creditor's name and mailing address NEW ENGLAND FIRE PATROL 117 LANCASTER STREET Quincy, MA 02169 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$283.28
3.135	Nonpriority creditor's name and mailing address NEW SOUND TRANSPORTATION, LLC c/o ORANGE COMMERCIAL CREDIT P.O. BOX 11099 Olympia, WA 98508-1099 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$67,581.39
3.136	Nonpriority creditor's name and mailing address NORTHEAST ELECTRICAL DISTRIBUTERS P.O. BOX 415931 Boston, MA 02241-5931 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$3,763.26
3.137	Nonpriority creditor's name and mailing address NORTHEAST ENVIRONMENTAL LABORATORY, INC 41 DAYTON STREET Danvers, MA 01923 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$628.50
3.138	Nonpriority creditor's name and mailing address NORTHLAND INDUSTRIAL TRUCK INC P.O. BOX 845534 Boston, MA 02284-5534 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$13,862.93
3.139	Nonpriority creditor's name and mailing address NOTHUM MANUFACTURING CO. INC. 1368 E. KINGSLEY STREET STE C Springfield, MO 65804 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$5,537.29
3.140	Nonpriority creditor's name and mailing address NRC EAST ENVIRONMENTAL SERVICES, INC 19 NATIONAL DRIVE Franklin, MA 02038 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$2,147.25

Debtor	National Fish and Seafood Inc. Name _____		Case number (if known) _____
3.141	Nonpriority creditor's name and mailing address NSDJ REAL ESTATE, LLC 613 PLEASANT STREET East Weymouth, MA 02189	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$136,158.29
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.142	Nonpriority creditor's name and mailing address NU PRODUCTS SEASONING CO. 20 POTASH ROAD Oakland, NJ 07436	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80,102.09
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	Nonpriority creditor's name and mailing address NWD INCORPORATED 100 DUCHAINE BOULEVARD P.O. BOX 50821 New Bedford, MA 02745	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$72.60
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	Nonpriority creditor's name and mailing address OCEAN EXPRESS LLC 60 MEAD STREET Seekonk, MA 02771	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,716.26
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145	Nonpriority creditor's name and mailing address OCEAN INCORPORATION LIMITED TUNG CHE COMM CENTRE ROOM 2308 246 DES VOEUX ROAD WEST HONG KONG	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$529,977.04
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	Nonpriority creditor's name and mailing address OCEAN RIDGE CAPITAL ADVISORS, LLC 56 HARRISON ST., SUITE 203A New Rochelle, NY 10801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,000.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.147	Nonpriority creditor's name and mailing address OCEAN STAR DEVELOPMENT INC 15/B-15/F CHEUK NANG PLAZA 250 HENNESSY ROAD HONG KONG	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,801.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.148	Nonpriority creditor's name and mailing address ONE KONDELIN ROAD, LLC C/O STAVROS AGGANIS 394 LINCOLN AVENUE Saugus, MA 01906	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address OOC 4782 PAYSPHERE CIRCLE Chicago, IL 60674	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address ORNUA INGREDIENTS NA n7630 COUNTY HIGHWAY BB Hilbert, WI 54129	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address OT Deliveries 4 Briarcliff Dr Monsey, NY 10592	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address PATRIOT PLASTICS, INC. 16 FOWLE STREET Woburn, MA 01801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	Nonpriority creditor's name and mailing address PEARCE PROCESSING SYSTEMS, INC P.O. BOX 386 Beverly, MA 01915	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address PERISHABLE SALES INC. 165 HANSON COURT Wood Dale, IL 60191	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc.	Case number (if known)	
3.155	Nonpriority creditor's name and mailing address POLA MINERALS LTD FACTORY ROAD BLAYDON ON TYNE TYNE & WEAR NE215SA UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,943.04
3.156	Nonpriority creditor's name and mailing address PQ SYSTEMS P.O. BOX 750010 Dayton, OH 45475-0010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.157	Nonpriority creditor's name and mailing address PREFERRED CHICAGO III, LLC 2357 S. WOOD STREET Chicago, IL 60608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,149.25
3.158	Nonpriority creditor's name and mailing address PREFERRED FREEZER ATLANTA WEST 737 DOUGLAS HILL ROAD Lithia Springs, GA 30122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.15
3.159	Nonpriority creditor's name and mailing address PREFERRED FREEZER SERVICES LLC 536 FAYETTE STREET Perth Amboy, NJ 08861 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.160	Nonpriority creditor's name and mailing address PREMIER SALES SOLUTIONS - WEST PO BOX 776111 Chicago, IL 60677-6111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,967.00
3.161	Nonpriority creditor's name and mailing address PREVAR LLC 100 CUMMINGS CENTER Beverly, MA 01915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,810.75

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
3.162	Nonpriority creditor's name and mailing address PROTECTION ONE P.O BOX 219044 Kansas City, MO 64121-9044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address PT Bumi Menara Interusa Kurt Olson Olson & Olson P.A. 500 Federal Street Andover, MA 01810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address PV TRANSPORT INC ATT: ACCOUNTS RECEIVABLE P.O. BOX 900 Hatfield, PA 19440-0900 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address PYRAMID TRANSPORT INC 18119 SUSSEX HIGHWAY, UNIT 2 Bridgeville, DE 19933 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address QUADRANT HEALTH SERVICES, INC 500 CUMMINGS CENTER S-4350 Beverly, MA 01915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address R. JAY & ASSOCIATES PO BOX 390 WEEDSPORT, NY 13116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address READY REFRESH BY NESTLE A DIVISION OF NESTLE WATERS NORTH AMERICA INC. P.O. BOX 856192 Louisville, KY 40285-6192 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.169	Nonpriority creditor's name and mailing address RECONSERVE OF NEW JERSEY, INC 26607 NETWORK PLACE Chicago, IL 60673-1266 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$16,958.13
3.170	Nonpriority creditor's name and mailing address REDDY RAW 1 ETHEL BLVD Wood Ridge, NJ 07075 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$18,330.00
3.171	Nonpriority creditor's name and mailing address REGAL SPRINGS TRADING CO PO BOX 850001 - FRESH FISH Orlando, FL 32885-0183 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$96,600.00
3.172	Nonpriority creditor's name and mailing address RIPTIDE FOODS 32980 ALVARADO NILES RD. SUITE 810 Union City, CA 94587 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$1,086.83
3.173	Nonpriority creditor's name and mailing address ROD INTERNATIONAL 5701 S. EASTERN AVENUE SUITE 245 Los Angeles, CA 90040 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$2,337.09
3.174	Nonpriority creditor's name and mailing address RONALD POTORSKI 15 NICKERSON ROAD Peabody, MA 01960 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$1,000.00
3.175	Nonpriority creditor's name and mailing address S.BERTRAM INC. 3401 TREMLEY POINT ROAD Linden, NJ 07036 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$2,643.24

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
3.176	Nonpriority creditor's name and mailing address SCHERZER & ASSOCIATES 8801 BALLENTINE ST SUITE 100 Overland Park, KS 66214 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$173.00
3.177	Nonpriority creditor's name and mailing address SCOTT ENERGY CO. INC. P.O. BOX 1429 Gloucester, MA 01931-1429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$7,914.09
3.178	Nonpriority creditor's name and mailing address SEAFAX P.O. BOX 15340 Portland, ME 04112-5340 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$15,333.33
3.179	Nonpriority creditor's name and mailing address Second Floor clearing Second floor clearing for week ending 4/ Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$7,000.00
3.180	Nonpriority creditor's name and mailing address SHANKLIN CORPORATION P.O.BOX 406735 Atlanta, GA 30384-6735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2,078.18
3.181	Nonpriority creditor's name and mailing address SHS LLC TY PAZIAN 11025 BLANCHARD RD Holland, NY 14080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$253.20
3.182	Nonpriority creditor's name and mailing address SIEGEL EGG COMPANY SIEGEL EGG COMPANY 90 SALEM ROAD North Billerica, MA 01862 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$4,612.50

Debtor	National Fish and Seafood Inc.	Case number (if known)
Name		
3.183	Nonpriority creditor's name and mailing address SILVA BROS. PLUMBING & HEATING INC. 10 CLEVELAND PLACE Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$6,071.78
3.184	Nonpriority creditor's name and mailing address SOMMER MAID CREAMERY 6069 KELLERS CHURCH ROAD PIPERSVILLE, PA 18901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,922.11
3.185	Nonpriority creditor's name and mailing address SPEEDWAY WELDING SUPPLY 160 COUNTY ROAD Gloucester, MA 01930 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$175.32
3.186	Nonpriority creditor's name and mailing address SPIRIT TRANSPORT 6 BARNES CIRCLE Salem, MA 01970 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,658.04
3.187	Nonpriority creditor's name and mailing address SPIRIT TRANSPORT INC. 6 BARNES CIRCLE Salem, MA 01970 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$9,020.29
3.188	Nonpriority creditor's name and mailing address SPRINT SOLUTIONS INC. P.O. BOX 54977 Los Angeles, CA 90054-0977 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,150.31
3.189	Nonpriority creditor's name and mailing address SSG ADVISORS, LLC 300 BARR HARBOR DRIVE, 5 TOWER BRIDGE, SUITE 420 WEST CONSHOHOCKEN, PA 19428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$70,000.00

Debtor	National Fish and Seafood Inc.		Case number (if known)
Name			
3.190	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE DEPT BOS P.O. BOX 105638 Atlanta, GA 30348-5638	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,720.23
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	Nonpriority creditor's name and mailing address STATE OF VERMONT VERMONT AGENCY OF NATURAL RESOURCES 1 NATIONAL LIFE DRIVE, MAIN 2 Montpelier, VT 05620-3521	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$400.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.192	Nonpriority creditor's name and mailing address STEWART-HUNT, INC P.O. BOX 227 Portland, ME 04112-0227	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,584.24
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.193	Nonpriority creditor's name and mailing address STROZ FRIEDBERG, LLC 32 AVENUE OF THE AMERICAS 4TH FLOOR New York, NY 10013	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$67,131.23
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.194	Nonpriority creditor's name and mailing address SUNNYVALE SEAFOOD 2910 FABER ST Union City, CA 94587	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15,645.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.195	Nonpriority creditor's name and mailing address T. HASEGAWA USA INC 14017 E. 183RD STREET Cerritos, CA 90703	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,102.44
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.196	Nonpriority creditor's name and mailing address TALLY'S 2 WASHINGTON STREET Gloucester, MA 01930	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,000.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.197	Nonpriority creditor's name and mailing address THE NIELSEN COMPANY P.O. BOX 88956 Chicago, IL 60695-8956	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,147.37
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.198	Nonpriority creditor's name and mailing address THE WESTIN BOSTON WATERFRONT 425 SUMMER ST Boston, MA 02210	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,580.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.199	Nonpriority creditor's name and mailing address TOTAL QUALITY LOGISTICS P.O. BOX 634558 Cincinnati, OH 45263-4558	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,570.09
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.200	Nonpriority creditor's name and mailing address TOTAL QUALITY LOGISTICS, INC P.O. BOX 634558 Cincinnati, OH 45263-4558	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,008.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.201	Nonpriority creditor's name and mailing address TRUCKCOURIER, INC. P.O. BOX 2760 52 DRAGON COURT Woburn, MA 01888	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$241.64
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.202	Nonpriority creditor's name and mailing address ULTRASOURCE LLC 1414 WEST 29TH STREET Kansas City, MO 64108-3604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$808.11
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.203	Nonpriority creditor's name and mailing address UNITED STATES TREASURY INTERNAL REVENUE SERVICE Cincinnati, OH 45999-0039	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$255,884.43
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	National Fish and Seafood Inc. Name		Case number (if known)
3.204	Nonpriority creditor's name and mailing address UNIVERSAL POULTRY PRODUCTS 25 COLPITTS RD P.O. BOX 135 Weston, MA 02493 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$20,424.90
3.205	Nonpriority creditor's name and mailing address URNER BARRY PUBLICATIONS, INC P.O. BOX 389 Toms River, NJ 08754-0389 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$6,636.00
3.206	Nonpriority creditor's name and mailing address USI INSURANCE SERVICES LLC P.O. BOX 62937 Virginia Beach, VA 23466 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$22,853.90
3.207	Nonpriority creditor's name and mailing address VERIZON NY P.O. BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$43.78
3.208	Nonpriority creditor's name and mailing address VERSACOLD LOGISTICS P.O. BOX 6428 STATION TERMINAL VANCOUVER, BC V6B6R3 CANADA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$17,518.38
3.209	Nonpriority creditor's name and mailing address VERSACOLD LOGISTIC SERVICES UL P.O. BOX 6428 STATION TERMINAL VANCOUVER, BC V6B6R3 CANADA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$25,963.02
3.210	Nonpriority creditor's name and mailing address W. B. MASON CO., INC. P.O. BOX 981101 Boston, MA 02298-1101 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			\$617.68

Debtor	Name	Case number (if known)
3.211	National Fish and Seafood Inc. WASTE MANAGEMENT OF MASSACHUSETTS P.O. BOX 13648 Philadelphia, PA 19101-3648 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$457.69
3.212	Nonpriority creditor's name and mailing address WELLS FARGO EQUIPMENT FINANCE MANUFACTURER SERVICES GROUP P.O. BOX 7777 San Francisco, CA 94120-7777 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$4,980.62
3.213	Nonpriority creditor's name and mailing address WESTROCK COMPANY OF CANADA INC 433, 2 E AVENUE SAINT MARIE, QUEBEC G6E 3H2 CANADA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$5,028.30
3.214	Nonpriority creditor's name and mailing address WILCOX MARKETING, INC. 701 EDGEWOOD ROAD PO BOX 1019 Wilkesboro, NC 28697 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$295.68
3.215	Nonpriority creditor's name and mailing address WILLIAMSON NEW ENGLAND P.O. BOX 6265 Chelsea, MA 02150 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$3,726.64
3.216	Nonpriority creditor's name and mailing address WIND RIVER ENVIRONMENTAL, LLC 46 LIZOTTE DR SUITE 1000line Marlborough, MA 01752 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$7,634.32
3.217	Nonpriority creditor's name and mailing address WORLDWIDE EXPRESS PO BOX 21272 New York, NY 10087 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. \$2,480.50

Debtor	National Fish and Seafood Inc. Name	Case number (if known)
3.218	Nonpriority creditor's name and mailing address WS PACKAGING GROUP 7500 INDUSTRIAL ROW DRIVE Mason, OH 45040-1307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address ZEP MANUFACTURING COMPANY P.O. BOX 3338 Boston, MA 02241-3338 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address ZHOU INTERNATIONAL CORP 4200 FACTONIA BLVD SE SUITE B11 Bellevue, WA 98006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Crustrade PTE LTD 101 Cecil Street #10-01 Tong East Building Singapore 069533	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2	Howard Rosenberg Kreinces & Rosenberg, P.C. 900 Merchants Concourse, Suite 305 Westbury, NY 11590	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3	McCarthy Burgess & Wolf c/o Teri Scharf 26000 Cannon Road Bedford, OH 44146	Line <u>3.188</u> <input type="checkbox"/> Not listed. Explain _____	-
4.4	PT Bumi Menara Internusa Jalan Margomulyo 4E Surabaya, East Java 60187 Indonesia	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____	-
4.5	U.S. Customs and Border Protection 1300 Pennsylvania Avenue, N.W. Washington, DC 20229	Line <u>2.34</u> <input type="checkbox"/> Not listed. Explain _____	-

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **National Fish and Seafood Inc.**
Name _____

Case number (if known) _____

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5a. \$ **7,363,885.29**

5b. + \$ **8,988,149.11**

5c. \$ **16,352,034.40**

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Truck Lease dated October 18, 2018

State the term remaining

List the contract number of any government contract

**Abel Womack
One International Way
Lawrence, MA 01843**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Equipment Master Lease Agreement dated January 18, 2018

State the term remaining

List the contract number of any government contract

**Abel Womack
One International Way
Lawrence, MA 01843**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Adobe Creative Cloud Subscription dated December 31, 2018

State the term remaining

List the contract number of any government contract

**Adobe Inc.
345 Park Avenue
San Jose, CA 95110-2704**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Master Purchase Agreement with ALDI Corporate Buying dated November 8, 2012

State the term remaining

List the contract number of any government contract

**ALDI, Inc.
1200 North Kirk Road
Batavia, IL 60510-1477**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Purchasing Contract dated as of June 7, 2018

State the term remaining

List the contract number of any government contract

**ALDI, Inc.
1200 North Kirk Road
Batavia, IL 60510-1477**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Services letter dated January 15, 2018

State the term remaining

List the contract number of any government contract

**Alpha Chemical Services
46 Morton Street
Stoughton, MA 02072**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Salary Increase Letter dated August 15, 2018

State the term remaining

List the contract number of any government contract

**Andrew Marenghi
8 Columbia Road
Beverly, MA 01915**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Multiple purchase orders nos. 276988, 276989, 277793-97, 277794, 277797, 277797

State the term remaining

List the contract number of any government contract

**Arrow Paper Corp.
228 Andover Street
Wilmington, MA 01887**

2.9. State what the contract or lease is for and the nature of the debtor's interest

Commission Agreement

State the term remaining

List the contract number of any government contract

**Barry Shindler
Five Star Kosher
1085 East 3rd Street
Brooklyn, NY 11230**

2.10. State what the contract or lease is for and the nature of the debtor's interest

Assignment of Developments, Non-Disclosure, Non-Competition and Non-Solicitation Agreement dated August 10, 2018

**Benjamin Schwartz
112 Mount Pleasant Street
Gloucester, MA 01930**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining _____

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Preferred Vendor
Agreement dated July 1, 2011**

State the term remaining _____

List the contract number of any government contract _____

**C&S Wholesale Grocers, Inc.
7 Corporate Drive
Keene, NH 03431**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Crossroads Program
Agreement dated September 26, 2012**

State the term remaining _____

List the contract number of any government contract _____

**C&S Wholesale Grocers, Inc.
7 Corporate Drive
Keene, NH 03431**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Letter Agreement dated as of October 2, 2012

State the term remaining _____

List the contract number of any government contract _____

**C&S Wholesale Grocers, Inc.
7 Corporate Drive
Keene, NH 03431**

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Products and Services
Agreement dated February 1, 2018**

State the term remaining _____

List the contract number of any government contract _____

**Cascade Water Services
113 Bloomingdale Road
Hicksville, NY 11801**

2.15. State what the contract or lease is for and the nature of the debtor's interest

Letter Agreement dated January 22, 2018

State the term remaining _____

List the contract number of any government contract _____

**Cascade Water Services
113 Bloomingdale Road
Hicksville, NY 11801**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.16. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract #292932
dated July 5, 2018**

State the term remaining

List the contract number of any government contract

**Catania Oils
3 Nemco Way
Ayer, MA 01432-0227**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract #296092
dated September 5, 2018**

State the term remaining

List the contract number of any government contract

**Catania Oils
3 Nemco Way
Ayer, MA 01432-0227**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract #299013
dated October 29, 2018**

State the term remaining

List the contract number of any government contract

**Catania Oils
3 Nemco Way
Ayer, MA 01432-0227**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract #299468
dated November 6, 2018**

State the term remaining

List the contract number of any government contract

**Catania Oils
3 Nemco Way
Ayer, MA 01432-0227**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract #299484
dated November 6, 2018**

State the term remaining

List the contract number of any government contract

**Catania Oils
3 Nemco Way
Ayer, MA 01432-0227**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest

**Planned Maintenance Service Agreement
dated September 19, 2018**

State the term remaining

List the contract number of any

**Crown Equipment Corporation
P.O. Box 641173
Cincinnati, OH 45264-1173**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

2.22. State what the contract or lease is for and the nature of the debtor's interest

Closed End Motor Vehicle Lease Agreement dated June 4, 2016

State the term remaining _____

List the contract number of any government contract _____

**Danvers-T, Inc.
998 Andover Street
Danvers, MA 01923**

2.23. State what the contract or lease is for and the nature of the debtor's interest

Confidentiality and Non-Disclosure Agreement

State the term remaining _____

List the contract number of any government contract _____

**Dr. Praeger's Purely Sensible Foods Inc.
9 Boumar Place
Elmwood Park, NJ 07407**

2.24. State what the contract or lease is for and the nature of the debtor's interest

Staffing Services Agreement dated August 3, 2018

State the term remaining _____

List the contract number of any government contract _____

**E.D.A. Inc.
P.O. Box 328
Mansfield, MA 02048**

2.25. State what the contract or lease is for and the nature of the debtor's interest

Purchase Order 10070 dated April 10, 2018

State the term remaining _____

List the contract number of any government contract _____

**EBP Supply Solutions Inc.
200 Research Drive
Milford, CT 06460**

2.26. State what the contract or lease is for and the nature of the debtor's interest

Integrated Pest Prevention Program Agreement dated July 2, 2018

State the term remaining _____

List the contract number of any government contract _____

**General Environmental Services, Inc.
930R Eastern Avenue
Malden, MA 02148**

2.27. State what the contract or lease is for and the nature of the debtor's interest

Mutual Confidentiality and Non-Disclosure Agreement dated April 25, 2007

**Gortons Inc.
128 Rogers Street
Gloucester, MA 01930**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest

Purchase Order Terms and Conditions dated January 24, 2018

State the term remaining

List the contract number of any government contract

**Gortons Inc.
128 Rogers Street
Gloucester, MA 01930**

2.29. State what the contract or lease is for and the nature of the debtor's interest

Confidentiality Agreement dated April 27, 2008

State the term remaining

List the contract number of any government contract

**Gortons Inc.
128 Rogers Street
Gloucester, MA 01930**

2.30. State what the contract or lease is for and the nature of the debtor's interest

Letter Agreement dated February 8, 2018

State the term remaining

List the contract number of any government contract

**Gortons Inc.
128 Rogers Street
Gloucester, MA 01930**

2.31. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract No.
061518-5; dated June 15, 2018**

State the term remaining

List the contract number of any government contract

**Grasso Foods Inc.
9 Ogden Road
Swedesboro, NJ 08085**

2.32. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract No.
071117-1; dated July 11, 2017**

State the term remaining

List the contract number of any government contract

**Grasso Foods Inc.
9 Ogden Road
Swedesboro, NJ 08085**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.33. State what the contract or lease is for and the nature of the debtor's interest

**Sales Contract No.
061518-5 dated July 15,
2018**

State the term remaining

List the contract number of any government contract

**Grasso Foods Inc.
9 Ogden Road
Swedesboro, NJ 08085**

- 2.34. State what the contract or lease is for and the nature of the debtor's interest

**Purchase Order Nos.
10060, 10078, 10079,
10080, 10081, 10083,
10094, and 10095**

State the term remaining

List the contract number of any government contract

**Hub Folding Box Co., Inc.
774 Norfolk Street
Mansfield, MA 02048**

- 2.35. State what the contract or lease is for and the nature of the debtor's interest

**Purchase Order Nos.
10073, 10077, 10086,
and 10093**

State the term remaining

List the contract number of any government contract

**Innovative Plastics Corp.
400 NY-303
Orangeburg, NY 10962**

- 2.36. State what the contract or lease is for and the nature of the debtor's interest

**Services Agreement
dated July 1, 2018**

State the term remaining

List the contract number of any government contract

**J.R.M. Hauling & Recycling
265 Newbury Street
Peabody, MA 01960-1315**

- 2.37. State what the contract or lease is for and the nature of the debtor's interest

**Salary Increase Letter
dated August 15, 2018**

State the term remaining

List the contract number of any government contract

**Jason Brown
155 Washington Street
Salem, MA 01970**

- 2.38. State what the contract or lease is for and the nature of the debtor's interest

**Lease for
approximately 13,312
sq. ft. of office space
located on the second
level of 11-15 Parker
Street, Gloucester, MA**

State the term remaining

**JIMARY Land Trust LLC
P.O. Box 206
Gloucester, MA 01930**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.39. State what the contract or lease is for and the nature of the debtor's interest

Assignment of Developments, Non-Disclosure, Non-Competition and Non-Solicitation Agreement dated June 30, 2018

State the term remaining _____

List the contract number of any government contract _____

**Lauren Satterfield
13 Homestead Ct.
Saint Charles, MO 63303**

2.40. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement dated November 11, 2012

State the term remaining _____

List the contract number of any government contract _____

**Mac Acquisition L.L.C.
6820 LBJ Freeway
Dallas, TX 75240**

2.41. State what the contract or lease is for and the nature of the debtor's interest

Volume Commitment and Pricing Contract dated December 17, 2018

State the term remaining _____

List the contract number of any government contract _____

**Newly Weds Foods
4140 W. Fullerton Avenue
Chicago, IL 60639**

2.42. State what the contract or lease is for and the nature of the debtor's interest

Volume Commitment and Pricing Contract dated December 17, 2018

State the term remaining _____

List the contract number of any government contract _____

**Newly Weds Foods
4140 W. Fullerton Avenue
Chicago, IL 60639**

2.43. State what the contract or lease is for and the nature of the debtor's interest

Scheduled Maintenance Service Agreement dated February 14, 2018

State the term remaining _____

List the contract number of any government contract _____

**Nitco Fleet Services
c/o Northland Indus. Truck Co., Inc.
6 Jonspin Road
Wilmington, MA 01887**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.44. State what the contract or lease is for and the nature of the debtor's interest

Rental Agreement dated October 24, 2011

State the term remaining

List the contract number of any government contract

**North Shore Mini Storage, Inc.
444 Essex Avenue
Gloucester, MA 01930**

- 2.45. State what the contract or lease is for and the nature of the debtor's interest

Lease for approximately 171,992 sq. ft. of space in the warehouse buildings located at 159 East Main Street, Gloucester, MA.

State the term remaining

List the contract number of any government contract

**NSDJ Real Estate LLC
613 Pleasant Street
East Weymouth, MA 02189**

- 2.46. State what the contract or lease is for and the nature of the debtor's interest

Lease for approximately 49,000 sq. ft. of industrial space within the premises located at 1 Kondelin Road, Gloucester, MA

State the term remaining

List the contract number of any government contract

**One Kondelin Road Realty Trust
c/o Stavros Agganis
394 Lincoln Avenue
Saugus, MA 01906**

- 2.47. State what the contract or lease is for and the nature of the debtor's interest

Purchase Order No. 10089 dated October 19, 2018

State the term remaining

List the contract number of any government contract

**Oxford Graphics LLC
P.O. Box 1000
Dept. #00014
Memphis, TN 38148-8011**

- 2.48. State what the contract or lease is for and the nature of the debtor's interest

Equipment Master Lease Agreement dated April 5, 2018

State the term remaining

List the contract number of any government contract

**Raymond Leasing Corporation
22 South Canal Street
Greene, NY 13778**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.49. State what the contract or lease is for and the nature of the debtor's interest

Leases on one Toyota Tundra and one Toyota RAV4

State the term remaining

List the contract number of any government contract

**Toyota Financial Services
P.O. Box 22202
Owings Mills, MD 21117-1397**

- 2.50. State what the contract or lease is for and the nature of the debtor's interest

**Volume Rebate Letter
Agreement dated
February 9, 2018**

State the term remaining

List the contract number of any government contract

**Unicorr Packaging Group
455 Sackett Point Road
North Haven, CT 06473**

- 2.51. State what the contract or lease is for and the nature of the debtor's interest

**Online Supplier
Agreement**

State the term remaining

List the contract number of any government contract

Walmart Inc.

- 2.52. State what the contract or lease is for and the nature of the debtor's interest

**Single Sided Lease
Agreement dated
February 5, 2018**

State the term remaining

List the contract number of any government contract

**Wells Fargo Bank N.A.
300 Tri-State International
Suite 400
Lincolnshire, IL 60069**

- 2.53. State what the contract or lease is for and the nature of the debtor's interest

**Lease agreement dated
March 1, 2018; No.
301-0345835-002**

State the term remaining

List the contract number of any government contract

**Wells Fargo Equipment Finance
300 Tri-State International
Suite 400
Lincolnshire, IL 60069**

Fill in this information to identify the case:

Debtor name National Fish and Seafood Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Jack Arthur Ventola (97550038) FMC Devens Federal Medical Center, Satellite Camp P.O. Box 879 Ayer, MA 01432 Cooperative Rabobank U.A., Hong Kong D 2.3
 E/F _____
 G _____

2.2 National Fish & Seafood Limited 32/F Hong Kong Plaza 188 Connaught Road West Hong Kong Cooperative Rabobank U.A., Hong Kong D 2.3
 E/F _____
 G _____

2.3 Pacific Andes International Holdings 32/F Hong Kong Plaza 188 Connaught Road West Hong Kong Cooperative Rabobank U.A., Hong Kong D 2.3
 E/F _____
 G _____